

Exhibit B

1 UNITED STATES DISTRICT COURT
2 DISTRICT OF ARIZONA
3 * * * * *
4
5 In Re Bard IVC Filters Products
6 Liability Litigation
7 No. MD-15-02641-PHX-DGC
8
9 * * * * *
10
11 DO NOT DISCLOSE - SUBJECT TO FURTHER
12 CONFIDENTIALITY REVIEW
13
14 VIDEOTAPED DEPOSITION OF JOSHUA RIEBE, MD
15
16 TAKEN AT: Radisson Hotel
17 LOCATED AT: 2040 Airport Drive
18 Green Bay, WI
19
20 April 4, 2017
21 10:09 a.m. to 2:15 p.m.
22 REPORTED BY ANITA K. FOSS
23 REGISTERED PROFESSIONAL REPORTER
24
25 * * * * *

1 than you personally?

2 A. I don't have an opinion.

3 MS. DAVIS: Object to the form.

4 BY MR. GOLDENBERG:

5 Q. All right. If the manufacturer knew
6 about serious adverse events, would you want to
7 make sure that you understood what those would be?

8 A. Yes.

9 Q. Okay. And why is that?

10 A. I'm using a tool that they're giving me,
11 and I can't possibly know all the problems in
12 manufacturing that tool and all the complications
13 they've had, where they distribute that throughout
14 the world. I would expect that they would disclose
15 that to me.

16 Q. You personally, for example, you're not
17 doing any testing on these devices; correct?

18 A. Correct.

19 Q. You would expect the manufacturer would
20 do that, true?

21 A. Yes.

22 Q. You're not keeping track of adverse
23 events that occur with this device; correct?

24 A. I'm not sure that that's true.

25 Q. Well, nobody's reporting adverse events

1 directly to you; is that fair?

2 A. Correct.

3 Q. Okay. When is the first time you ever
4 put in a retrievable filter?

5 A. I don't remember.

6 Q. Okay. What's the difference between a
7 permanent filter and a retrievable filter?

8 A. A permanent filter is placed and is
9 expected to stay in for the life of that patient.
10 A retrievable filter has the option to be removed
11 if the patient and the clinicians decide that they
12 want that removed.

13 Q. Do you know who purchases the filters --
14 I'm sorry, I should back up. I apologize. What
15 hospital do you typically work at? What hospital
16 do you have privileges at here?

17 A. St. Vincent's in Green Bay, St. Mary's in
18 Green Bay, Prevea Clinic in Green Bay, St. Nicholas
19 in Sheboygan, Bay Area Medical Center in Marinette,
20 St. Claire's in Oconto Falls.

21 Q. So I assume these are all places that you
22 go to on a regular basis?

23 A. Yes.

24 Q. Is that also -- was that also true back
25 in 2005?

1 MS. DAVIS: Object to the form.

2 THE WITNESS: Can you repeat that? I was
3 distracted.

4 BY MR. GOLDENBERG:

5 Q. Sure. That's okay. Would you agree that
6 you need complete and accurate information
7 regarding a filter from the manufacturer to help
8 conduct a risk-benefit analysis?

9 A. Yes.

10 MS. DAVIS: Object to the form.

11 BY MR. GOLDENBERG:

12 Q. And if there are risks that are not
13 disclosed or the true risks are not disclosed, then
14 you cannot conduct a -- conduct a proper
15 risk-benefit analysis for the patient; right?

16 A. Yes.

17 MS. DAVIS: Object to the form.

18 BY MR. GOLDENBERG:

19 Q. Is part of that analysis determining
20 whether a patient should receive a permanent or
21 retrievable filter?

22 A. Can you be more specific?

23 Q. Sure. When you're evaluating a specific
24 patient and implanting a specific device in a
25 patient, would that -- would part of that analysis

1 be whether a patient should receive a permanent or
2 a temporary filter?

3 A. Yes.

4 Q. Okay. And what do you consider in making
5 that decision, at least as of 2005, if you
6 remember.

7 A. In making the choice between permanent or
8 temporary filter --

9 Q. Yes.

10 A. -- there are clinical aspects as part of
11 the decision, and there are also tool -- call it
12 tool elements that you would want to know about.

13 Q. Imagine that there's going to be a jury
14 hearing this that have no idea what this is. So
15 when you say "tool aspects," what do you mean by
16 that?

17 A. The specific device you're implanting,
18 you would want to know about that device --

19 Q. Sure.

20 A. -- when you're deciding if that's going
21 to be in for the life of the patient or potentially
22 temporary.

23 Q. Okay. When you're looking at the
24 potential risk to a patient, would you want to know
25 if some devices are reported to have substantially

1 higher failure rates than other devices?

2 MS. DAVIS: Object to the form.

3 THE WITNESS: Yes.

4 BY MR. GOLDENBERG:

5 Q. Would you want to know if the rates of
6 certain adverse events are substantially higher
7 from one filter versus another?

8 A. Yes.

9 MS. DAVIS: Object to the form.

10 BY MR. GOLDENBERG:

11 Q. Would you want to know if the company had
12 concerns about the efficacy of its own filter?

13 A. Yes.

14 MS. DAVIS: Object to the form.

15 BY MR. GOLDENBERG:

16 Q. Would you want to know if a newer, safe
17 filter was available for use?

18 A. Yes.

19 Q. And by the way, if there are objections,
20 and there inevitably will be, we just need to make
21 sure we don't talk over each other. So she's
22 allowed to object, but you can continue to give
23 your answer, okay?

24 A. Okay.

25 Q. All right. Would you want to know if

1 Bard itself internally deemed the Recovery filter
2 to have unacceptable risks?

3 A. Yes.

4 MS. DAVIS: Object to the form.

5 BY MR. GOLDENBERG:

6 Q. Would you want to know if Bard, even
7 today, does not understand the root cause of why
8 its filters are migrating?

9 MS. DAVIS: Object to the form.

10 THE WITNESS: Yes.

11 BY MR. GOLDENBERG:

12 Q. Would you want to know if they, even
13 today, did not understand the root cause of why
14 their filters are perforating?

15 A. Yes.

16 MS. DAVIS: Object to the form.

17 BY MR. GOLDENBERG:

18 Q. Or tilting?

19 A. Yes.

20 MS. DAVIS: Same objection.

21 BY MR. GOLDENBERG:

22 Q. Or fracturing?

23 A. Yes.

24 MS. DAVIS: Same objection.

25 BY MR. GOLDENBERG: